

ST. LOUIS HEALTH DIVISION - ANIMAL REGULATION CENTER

2120 Gasconade St., St. Louis, Missouri 63118

(314) 353-5838 (314) 353-3691 FAX

Receipt Number: R07-005358

Receipt Date: 05 /03/07

Person Information: SEAN HOFFMAN

PID: P012027

Received From: SEAN HOFFMAN

Check No:

Phone: (314) 565-1537

Item:	Animal ID:	Reference No:	Price:	Each:	Amount:
MICROCHIP	A016629	095847287	\$10.00	1	\$10.00
LICENSE SN	A016629	L07-45717	4.00	1	4.00
EXAM	A016629	T07-014086	.00	1	.00
BORDATELLA VACC	A016629	T07-014087	5.00	1	5.00
VACCINATION	A016629	T07-014088	5.00	1	5.00
EXAM	A016629	T07-014129	.00	1	.00
CEPHALEXIN	A016629	T07-014130	.00	1	.00
RABIES INOCULATION	A016629		10.00	1	10.00
ADOPTION FEES	A016629		15.00	1	15.00

Total Fees Due: **\$49.00**

Payments: Cash: \$49.00

Check: \$0.00

Credit Card: \$0.00

Total Payments Received: **\$49.00**

Thank You!

Change: \$0.00

Balance Due: \$0.00

Animal Information:

A016629 PFIFER - 10 MONTHS OF AGE, FEMALE, ROTTWEILER/MIX, BLACK AND BROWN DOG

Treatment Information:

Type:	Animal#	Description:	Medication:	Cost:	Treat #	Date:
	A016629 PFIFER				T07-014086	03/19/07
BORDATELLA	A016629 PFIFER			\$5.00	T07-014087	03/19/07
DHPP	A016629 PFIFER			\$5.00	T07-014088	03/19/07
	A016629 PFIFER				T07-014129	03/21/07
	A016629 PFIFER		CEPHALEX 500		T07-014130	03/21/07

TOTAL MEDICAL FEES: **\$10.00**

License Information:

Tag Number:	Expires:	Animal#	Vacc Date:	Term:	Expires:	Amount:	Type:
L07-45717	05/03/08	A016629	05/03/07	12	05/03/08	\$4.00	LIC SN
095847287	05/03/08	A016629		12		\$10.00	MICROCHIP

TOTAL LICENSE FEES: **\$14.00**

Shelter Hours

Monday - Friday 9:00AM - 2:00PM and 3:00PM - 4:30PM* Saturday 9:00AM - 4:00PM*

*Shelters CLOSED Sundays and Holidays

Clerk: MARTINEZ SHELTER

Transaction Date: 05/03/07

Print Date: 05/03/07 ware\chameleon\crystal\receipt2.rpt

KIRRA

RABIES VACCINATION (1YR)

05/03/07

19-28 (REV 91ML)

HEALTH COMMISSIONER - 1st and 2nd COPY, OWNER - 3rd COPY, VETERINARIAN - 4th COPY

RABIES VACCINATION-REGISTRATION

TYPE OR PRINT HARD. YOU
ARE MAKING FOUR COPIES

Animal's Name: Pfifer Breed: Rott mix

Color: blk/ten Age: 1yr Size: ☐ S ☐ M ☒ L ☐ XL Sex: ☐ M ☒ F ☒ S ☐ N

Owner's Name: Hoffman Sean
(LAST) (FIRST) (MIDDLE)

Address: [REDACTED]

Telephone: [REDACTED] St. Louis, MO Zip Code 63116

This is to certify that the animal described hereon has been vaccinated against rabies in accordance with the current City of St. Louis Rabies Control Ordinance. This also certifies if the animal has been spayed or neutered.

Signature of Health Officer or Agent [Signature] Signature of Owner / Owner's Agent [Signature]

City of St. Louis, Animal Regulation Center, 2120 Gasconade, St. Louis, MO 63118

VACCINATION/REGISTRATION NO.

45717

DATE OF VAC/REGISTRATION

5/3/07

VACCINE MANUFACTURER & LOT NO.

Rabobmen1

CLINIC IDENTIFICATION

ARC

TYPE OF VACCINE

☒ 1 YEAR ☐ 3 YEARS

REGISTRATION FEE:

\$ 4.00

HILLSIDE ANIMAL HOSPITAL

5325 MANCHESTER AVE.
ST. LOUIS, MO 63110
(314) 645-2141

Page 1 / 2

Mr. Sean R. Hoffmann

St. Louis, MO 63116

Client ID: 2320

Invoice #: 45836

Date: 5/21/2007

Patient ID: 3204	Species: CANINE	Weight: 6.13 pounds	
Patient Name: Rugger	Breed: ROTTWEILER	Birthday: 04/02/2007 Sex: Male	
Description	Staff Name	Quantity	Total
5/21/2007 EXAMINATION WITH VACCINATIONS	Dr. Micah A. Young D.V.M.	1.00	\$40.00
5/21/2007 FECAL EXAMINATION (FLOTATION)		1.00	\$19.00
5/21/2007 DHP VACCINATION		1.00	\$20.00
5/21/2007 BORDETELLA VACCINATION		1.00	\$18.50
5/21/2007 Heartgard Plus Free Small		1.00	\$0.00
5/21/2007 Frontline Plus 22# Individual		1.00	\$0.00
5/21/2007 Metronidazole 250 mg		5.00	\$4.00
Patient Subtotal:			\$101.50

Instructions

YOUR PET MAY EXPERIENCE SOME LETHARGY AND SORENESS FROM THE VACCINATIONS. THIS IS NORMAL WITH VERY YOUNG ANIMALS. IF THIS PERSISTS LONGER THAN 24 HOURS, PLEASE CALL OUR OFFICE.

Reminder

05/21/2008 EXAMINATION WITH VACCINATIONS
05/21/2008 BORDETELLA VACCINATION
05/21/2008 FECAL EXAMINATION (FLOTATION)
05/21/2008 DHP VACCINATION

We appreciate your patience while we are learning to use our new computer system.
We know this will allow us to better meet the needs of you and your pets.

Page 2 / 2

5325 MANCHESTER AVE.
ST. LOUIS, MO 63110
(314) 645-2141

Client ID: 2320

Invoice #: 45836

Date: 5/21/2007

Patient ID: 3205	Species: CANINE	Weight: 61.80 pounds
Patient Name: Kirra	Breed: ROTTWEILER	Birth day: 06/21/2006 Sex: Spayed Female

<u>Description</u>	<u>Staff Name</u>	<u>Quantity</u>	<u>Total</u>
5/21/2007 Heartworm/Lyme/Ehrlichia/Anaplasmosis	Dr. Micah A. Young D.V.M.	1.00	\$38.00
5/21/2007 ANNUAL WELLNESS EXAMINATION		1.00	\$42.50
5/21/2007 FECAL EXAMINATION (FLOTATION)		1.00	\$19.00
5/21/2007 GIARDIA SNAP TEST		1.00	\$18.00
5/21/2007 Frontline Plus 45-88# Individual		1.00	\$0.00
5/21/2007 Heartgard Plus Large 12 Pack		1.00	\$98.00
5/21/2007 Metronidazole 500 mg		20.00	\$10.00
5/21/2007 EFA-VITE HP		1.00	\$19.38 T
5/21/2007 Simplicef Tabs 100mg		15.00	\$28.60
5/21/2007 Reglan (Metoclopramide)		1.00	\$17.00
5/21/2007 Fortiflora Canine		30.00	\$18.70
5/21/2007 EN Canine 12.5 oz		5.00	\$9.00 T
Patient Subtotal:			\$318.18

Reminder

05/03/2008	BORDETELLA VACCINATION
05/03/2008	RABIES CANINE 3 YEARS
05/03/2008	DHP ADULT-3 YEARS
05/21/2008	FECAL EXAMINATION (FLOTATION)
05/21/2008	Heartgard Plus Large 12 Pack
05/21/2008	ANNUAL WELLNESS EXAMINATION
05/21/2008	Heartworm/Lyme/Ehrlichia/Anaplasmosis

Invoice Total: \$419.68

Sales Tax : \$2.20

Total: \$421.88

Balance Due: **\$421.88**

Previous Balance: \$0.00

Balance Due: **\$421.88**

Debit Card: (\$421.88)

Less Payment: (\$421.88)

Balance Due: \$0.00

HILLSTIDE ANIMAL HOSPITAL
5525 HAMCHESTER AVE
ST. LOUIS, MO. 63139

TERMINAL I.D.: 001905000005607850101

144041 5692895

3774

一
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 三
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ATCH: 000346 INU: 000002

ATE: MAY 21, 07
TIME: 11:34

PH: 06530311 AUTH: 099637

72101

62

**We appreciate your patience while we are learning to use our new computer system.
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HILLSIDE ANIMAL HOSPITAL

Page 1 / 1

5325 MANCHESTER AVE.
ST. LOUIS, MO 63110
(314) 645-2141

Mr. Sean R. Hoffmann

St. Louis, MO 63116

Client ID: 2320

Invoice #: 46416

Date: 6/22/2007

Patient ID: 3204	Species: CANINE	Weight: 15.00 pounds
Patient Name: Rugger	Breed: ROTTWEILER	Birthdate: 04/02/2007 Sex: Male

	Description	Staff Name	Quantity	Total
6/22/2007	Tri-Thalamic Ophth. Ointment	Dr. Edward J. Migneco, D.V.I	1.00	\$9.00
6/22/2007	EXAMINATION WITH VACCINATIONS		1.00	\$40.00
6/22/2007	DHP VACCINATION		1.00	\$20.00
6/22/2007	Heartgard Plus Free Small		1.00	\$0.00
6/22/2007	Frontline Plus 22# Individual		1.00	\$16.00 T
Patient Subtotal:				\$85.00

Instructions

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Reminder

05/21/2008 BORDETELLA VACCINATION
05/21/2008 FECAL EXAMINATION (FLOTATION)
06/22/2008 EXAMINATION WITH VACCINATIONS
06/22/2008 DHP VACCINATION

HILLSIDE ANIMAL HOSPITAL
5325 MANCHESTER AVE
ST LOUIS, MO. 63139

TERMINAL I.D.: 601050000005602050101
MERCHANT #: 56020501
HASTERCARD *****0056
SALE
BATCH: 000002
DATE: JUN 22, 07
TIME: 09:22
AUTH: 655788

TOTAL \$86.24

SEAN R. HOFFMANN

I AGREE TO PAY ABOVE TOTAL AMOUNT
ACCORDING TO CARD ISSUER AGREEMENT
(MERCHANT AGREEMENT IF CREDIT VOUCHER)

CUSTOMER COPY

Invoice Total:	\$85.00
Sales Tax :	\$1.24
Total:	\$86.24
Balance Due:	\$86.24
Previous Balance:	\$0.00
Balance Due:	\$86.24
Master Card:	(\$86.24)
Less Payment:	(\$86.24)
Balance Due:	\$0.00

Scheduled Appointments:

Appt. for Rugger on 7/13/2007 at 08:00 am.

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HILLSIDE ANIMAL HOSPITAL

5325 MANCHESTER AVE.
ST. LOUIS, MO 63110
(314) 645-2141

Page 1 / 2

Mr. Sean R. Hoffmann

■■■■■■■■■■
St. Louis, MO 63116

Client ID: 2320

Invoice #: 46844

Date: 7/16/2007

Patient ID: 3204	Species: CANINE	Weight: 22.00 pounds
Patient Name: Rugger	Breed: ROTTWEILER	Birthday: 04/02/2007 Sex: Neutered Male

	<u>Description</u>	<u>Staff Name</u>	<u>Quantity</u>	<u>Total</u>
7/16/2007	CASTRATION CANINE 0-25 LB.	Dr. Micah A. Young D.V.M.	1.00	\$0.00
7/16/2007	PREOPERATIVE EXAM		1.00	\$42.50
7/16/2007	PRE-OPERATIVE MEDICATION		1.00	\$15.00
7/16/2007	ISOFLURANE ANESTHESIA-MINIMUM		1.00	\$50.00
7/16/2007	CASTRATION CANINE 0-25 LB.		1.00	\$60.00
7/16/2007	INTRAVENOUS INDUCTION		1.00	\$17.50
7/16/2007	Metacam Injectable		0.40	\$18.00
7/16/2007	AVID Microchip		1.00	\$34.00 T
7/16/2007	RABIES CANINE 1 YEAR		1.00	\$15.00
7/16/2007	DHP VACCINATION		1.00	\$20.00
7/16/2007	RABIES LICENSE		1.00	\$5.00
7/16/2007	Previcox 57 mg Individual Tabs		4.00	\$9.20
	Patient Subtotal:			\$286.20

Instructions

YOUR PET HAS JUST BEEN SURGICALLY ALTERED. RESTRICT HIS ACTIVITY FOR THE NEXT ___ DAYS. PLEASE KEEP THE INCISION AREA CLEAN. IF ANY RED- NESS APPEARS PLEASE CALL OUR OFFICE. PREVENT HIM FROM JUMPING AND RUNNING AS MUCH AS POSSIBLE. PLEASE RETURN IN ___ DAYS FOR SUTURE REMOVAL.

YOUR PET MAY EXPERIENCE SOME LETHARGY AND SORENESS FROM THE VACCINATIONS. THIS IS NORMAL WITH VERY YOUNG ANIMALS. IF THIS PERSISTS LONGER THAN 24 HOURS, PLEASE CALL OUR OFFICE.

Reminder

05/21/2008 BORDETELLA VACCINATION
05/21/2008 FECAL EXAMINATION (FLOTATION)
06/22/2008 EXAMINATION WITH VACCINATIONS
07/16/2008 RABIES CANINE 3 YEARS
07/16/2008 DHP VACCINATION

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HILLSIDE ANIMAL HOSPITAL

5325 MANCHESTER AVE.
ST. LOUIS, MO 63110
(314) 645-2141

Page 2 / 2

Mr. Sean R. Hoffmann

St. Louis, MO 63116

Client ID: 2320

Invoice #: 46844

Date: 7/16/2007

HILLSIDE ANIMAL HOSPITAL
5325 MANCHESTER AVE
ST LOUIS, MO. 63139

TERMINAL I.D.: 001005000005602850101

MERCHANT #: 56028501

VISA

*****4555

SALE

BATCH: 000924 IN: 000006

DATE: JUL 16, 07 TIME: 15:54

AUTH: 04529A

TOTAL \$288.83

SEAN HOFFMANN

I AGREE TO PAY ABOVE TOTAL AMOUNT
ACCORDING TO CARD ISSUER AGREEMENT
(MERCHANT AGREEMENT IF CREDIT VOUCHER)

CUSTOMER COPY

Invoice Total:	\$286.20
Sales Tax :	\$2.63
Total:	\$288.83
Balance Due:	\$288.83
Previous Balance:	\$0.00
Balance Due:	\$288.83
Visa:	(\$288.83)
Less Payment:	(\$288.83)
Balance Due:	\$0.00

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19-28 (REV 91ML)

HEALTH COMMISSIONER - 1st and 2nd COPY, OWNER - 3rd COPY, VETERINARIAN - 4th COPY

RABIES VACCINATION-REGISTRATIONTYPE OR PRINT HARD. YOU
ARE MAKING FOUR COPIES

Animal's Name: Rugger Breed: Rottweiler
Color: Blk/Brn Age: 15 wks Size: ☐ S ☒ M ☐ L ☐ XL Sex: ☒ M ☐ F ☐ S ☐ N
Owner's Name: Hoffman Sean
(LAST) (FIRST) (MIDDLE)
Address: _____
Telephone: _____ St. Louis, MO Zip Code 63116

This is to certify that the animal described hereon has been vaccinated against rabies in accordance with the current City of St. Louis Rabies Control Ordinance. This also certifies if the animal has been spayed or neutered.

Signature of Health Officer or Agent

Signature of Owner / Owner's Agent

City of St. Louis, Animal Regulation Center, 2120 Gasconade, St. Louis, MO 63118

VACCINATION/REGISTRATION NO.

37392

DATE OF VAC/REGISTRATION

7-16-07

VACCINE MANUFACTURER & LOT NO.

Merial 18061B

CLINIC IDENTIFICATION

Hillside Prime

TYPE OF VACCINE

☒ 1 YEAR ☐ 3 YEARS

REGISTRATION FEE:

\$ 5.00